

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection 103 South Main Street, Ladd Hall Waterbury, VT 05671-2306 http://www.dail.vermont.gov Voice/TTY (802) 871-3317 To Report Adult Abuse: (800) 564-1612 Fax (802) 871-3318

October 23, 2014

Ms. Carrie Jewell, Administrator Davis Home 45 State Street Windsor, VT 05089-1213

Dear Ms. Jewell:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **September 30, 2014.** Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota, RN Licensing Chief

amlaMCtaRN

PC:jl

RECEIVED PRINTED: 10/03/2014
Division of FORMAPPROVED

Division of Licensing and Protection OCT 17 1 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING: Licensing and Protection C B. WING 0021 09/30/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **45 STATE STREET** DAVIS HOME WINDSOR, VT 05089 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) R100 Initial Comments: R100 An unannounced onsite re-licensing survey and the investigation of two complaints was completed by the Division of Licensing and Protection from 9/29/14 through 9/30/14. There were no findings related to the allegations in the two complaints. Regulatory deficiencies related to the re-licensing survey are as follows. R181 V. RESIDENT CARE AND HOME SERVICES R181 SS=E 5.11 Staff Services 5.11.d The licensee shall not have on staff a person who has had a charge of abuse, neglect or exploitation substantiated against him or her, as defined in 33 V.S.A. Chapters 49 and 69, or one who has been convicted of an offense for actions related to bodily injury, theft or misuse of funds or property, or other crimes inimical to the public welfare, in any jurisdiction whether within or outside of the State of Vermont. This provision shall apply to the manager of the home as well, regardless of whether the manager is the licensee or not. The licensee shall take all reasonable steps to comply with this requirement, including, but not limited to, obtaining and checking personal and work references and contacting the Division of Licensing and Protection in accordance with 33 V.S.A. §6911 to see if prospective employees are on the abuse registry or have a record of convictions. This REQUIREMENT is not met as evidenced bv: Based on record review and staff interview, the facility failed to assure that 2 of 2 employees in the pre-hire background check sample were free

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

of conviction of crimes inimical to the public

TITLE

(X6) DATE

STATE FORM

6899

5BJP11

Division of Licensing and Protection (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: ___ \cap B. WING 09/30/2014 0021 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 45 STATE STREET DAVIS HOME WINDSOR, VT 05089 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) R181 R181 Continued From page 1 welfare. Findings include: The administrator or manager will request a variance for any potential stags that any potential stags that have a criminal record. 1. During review of records for pre-hire background checks with the Vermont Criminal Information Center (VCIC), it was found that 2 of 2 employees in the sample had been convicted of a misdemeanor. There was no evidence that the home had requested waivers for employment The administrator has submitted variance requests on the topally two specified employees to topally be in compliance Awaiting a decision or granted variance.

Rilli for and from the Division of Licensing and Protection. During an interview on 9/29/14 at 2:30 PM, the Administrator confirmed that no waivers for employment had been requested for the two individuals with positive VCIC background checks. R230 R230 VI. RESIDENTS' RIGHTS SS=C RIEI POC accepted 10/22/14 JHosmerRN/ PMC 6.18 The enumeration of residents' rights shall not be construed to limit, modify, abridge or reduce in any way any rights that a resident otherwise enjoys as a human being or citizen. A summary of the obligations of the residential care home to its residents shall be written in clear language, large print, given to residents on admission, and posted conspicuously in a public place in the home. Such notice shall also summarize the home's grievance procedure and directions for contacting the Ombudsman Program and Vermont Protection and Advocacy, Inc. This REQUIREMENT is not met as evidenced Based on observation, record review, and staff interview, the home failed to assure that the posted Resident Rights notice and the Admission Agreement summarizing the home's grievance procedure and directions for contacting the

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Division of Licensing and Protection STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN DF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: ____ С B WING 0021 09/30/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **45 STATE STREET** DAVIS HOME WINDSOR, VT 05089 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PRÉFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) R230 | Continued From page 2 R230 Division of Licensing and Protection contained accurate contact information for 4 of 5 residents in the sample (Residents #2, 3, 4, and 5). Findings include: 1. During the initial tour of the facility on 9/29/14 at approximately 9:30 AM, this surveyor noted that the facility's public posting of Resident Rights contained a phone number for the licensing agency which had been out of function since 8/28/11. During an interview at 9:55 AM on 9/29/14, the Administrator confirmed that the public posting of Resident Rights contained an outdated phone contact number for the licensing agency. The admission agreement has been updated to all rejuct the correct phase number for DLP. 2. During record review on 9/29-9/30/14, four of five resident records contained a signed Admission Agreement which contained in the grievance procedure section a phone number to contact the Division of Licensing and Protection which had been out of function since 8/28/11. The The hanging poster has been updated to reflect following represents the date of signature on the Admission Agreement for 4 of 5 residents in the sample: Resident #2, 6/2/13; Resident #3, the correct phone number for DLP. 10/16/13; Resident #4, 12/19/13; Resident #5, 9/28/14. During an interview on 9/30/14 at approximately 12:00 PM, the Administrator confirmed that the Admission Agreements did not have an updated phone contact for the Division of RAJO FOR accepted 10/22/14 JHOSMERRYPWI Licensing and Protection.